



COVID-19 Preparedness for Long-Term Care Facilities

Minimize Risk to Exposures

- Post signs at the entrances to the facility advising that no visitors may enter the facility.
- Do not accept new admissions into the facility until the outbreak is declared over.
- To prevent the introduction of COVID-19 in your facility because residents are at a high risk of severe disease, visits should be restricted with the exception of end-of-life situations OR other emergent situations determined by the facility.
- Send letters or emails to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility.
- Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.
 - Do not allow visitors with respiratory illness to visit the facility
 - Screen visitors for symptoms of acute respiratory illness at the entrance of / before entering the facility
 - Instruct visitors to limit movement within the facility (e.g., do not visit other resident rooms, common areas, etc)
 - Provide respiratory hygiene supplies (e.g., hand hygiene agents, tissues, face masks, trash receptacle)
- Instruct residents with symptoms of a respiratory infection to remain in their rooms and to adhere to respiratory etiquette. Residents should wear a face mask covering mouth and nose in the event they need to leave their room.

Staffing

- A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. Exclude nonessential staff, students, and volunteers from working with cases until the situation is over. Nonessential staff are any staff who contribute to the care of residents, but that care is not medically required (such as activity coordinators). Facilities will need to determine who is essential for the care of residents.

The logo features the text "AFSCME" in a large, bold, white sans-serif font, with "Health & Safety Fact Sheet" in a smaller, white sans-serif font below it. The background is a blue rectangle with a green horizontal bar at the bottom. On the right side, there is a stylized white star with three curved lines trailing upwards and to the right, suggesting motion or a signal.

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- A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak.
- The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.

Educate Residents, Visitors, and Staff

- Educate residents, staff and family on the potential harm from COVID-19. Include information on basic prevention and control measures and PPE, hand hygiene and cough etiquette.
- Ensure that staff are aware of sick leave policies and encourage them to stay home if they have symptoms of respiratory illness.
 - Reinforce sick leave policies. Remind HCP not to report to work when ill.
 - Have HCP demonstrate competency with putting on and removing PPE.

Management of Residents and Environment

- Manage Residents with Respiratory Illness, Suspected or Confirmed COVID-19
- Implement daily monitoring of COVID-19 like-illness among residents and staff.
- Use caution when performing aerosol-generating procedures (e.g., intubation)
- If your facility has the capacity and resources, place all sick patients into the same area or wing.
- Assign staff to work with those patients only (staff cohorting).
- Restrict staff movement from sick residents to well residents. If you are not able to assign staff to only work with ill patients and others with well patients, staff should work with well patients first before moving to sick patients.
- Exclude nonessential staff, students, and volunteers from working with cases until the situation is over. Nonessential staff are any staff who contribute to the care of residents, but that care is not medically required (such as activity coordinators). Facilities will need to determine who is essential for the care of residents.
- Healthcare personnel use contact AND airborne precautions INCLUDING eye protection (e.g., goggles or face shield). Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Conduct procedures in negative pressure (airborne isolation) rooms if available.
- Use disposable or dedicated noncritical patient care equipment (e.g., blood pressure cuffs). If equipment will be used for another resident, clean and disinfect according to manufacturer guidelines before use.
- Manage laundry, food service utensils, and medical waste in accordance with routine procedures and category B waste handling.

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- Cancel communal dining and all group activities, such as internal and external activities.

Infection Prevention and Control Practices & Environmental cleaning and disinfection

Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2. Environment cleaning should be often following CDC guidelines.

Hand hygiene supplies

- Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- Respiratory hygiene and cough etiquette make tissues and facemasks available for coughing people.

Personal Protective Equipment (PPE)

Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.

Facilities should have supplies of:

- Facemasks for residents who are coughing, sneezing
- N95 respirators (the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP) is the minimum level of protection. N, R,P 99 or N, R, P100 or higher can be used.
- gowns
- gloves
- eye protection (i.e., face shield or goggles).

Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing.